

**DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF BANKS
POST OFFICE BOX 41200
OLYMPIA, WA 98504-1200**

CONSUMER COMPLAINT

We are sending this form to you in response to your contact with our office. Your complaint must be received in writing before it can be processed. We have found complaints can normally be resolved if the consumer contacts the bank directly. If you have not already done so, please contact the appropriate bank officer and attempt to resolve the problem. If direct contact with the bank is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the bank's response and any other appropriate documentation, to this office. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

NOTE: The Division of Banks regulates Titles 30, 32, and 33 of the Revised Code of Washington. Disputes involving contract interpretation, questions of fact, or other legal issues fall under the jurisdiction of the courts, and you will be advised to seek legal counsel.

NAME: _____ ADDRESS _____
CITY, STATE & ZIP: _____
DAYTIME PHONE NUMBER AND AREA CODE: _____
BANK NAME _____
NAME & LOCATION OF BRANCH: _____

Have you attempted to resolve your problem with the bank before mailing this form? ☐ Yes ☐ No

Briefly describe the problem or complaint. If additional space is needed, please attach a separate sheet of paper. CAUTION: ALL INFORMATION PROVIDED BY YOU WILL BE DISCLOSED TO THE BANK(S) LISTED ABOVE. IF YOUR COMPLAINT INVOLVES A BANK WHICH IS NOT REGULATED BY THE DIVISION OF BANKS, THEN THE MATTER WILL BE FORWARDED TO THE APPROPRIATE REGULATORY AGENCY (GOVERNMENTAL).

[illegible]

(Please sign this form on the reverse side on the line indicated under the heading "Public Records Disclosure Act.")

